

FILED - USDC -NH
2022 AUG 22 PM 12:19

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AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

UNITED STATES DISTRICT COURT

for the
District of New Hampshire

Josephine Amatucci

Plaintiff/Petitioner

CHARLES v. GREENHAIGH

Wolfeboro, NH, Town of et al

Defendant/Respondent

Civil Action No. 1822-mc-00038

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS (Long Form)

Affidavit in Support of the Application

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested. I declare under penalty of perjury that the information below is true and understand that a false statement may result in a dismissal of my claims.

Signed: _____

Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

| Income source | Average monthly income amount during the past 12 months | | Income amount expected next month | |
|---|---|--------|-----------------------------------|--------|
| | You | Spouse | You | Spouse |
| Employment | \$ N/A | \$ / | \$ / | \$ / |
| Self-employment | \$ N/A | \$ / | \$ / | \$ / |
| Income from real property (such as rental income) | \$ N/A | \$ / | \$ / | \$ / |
| Interest and dividends | \$ N/A | \$ / | \$ / | \$ / |
| Gifts | \$ N/A | \$ / | \$ / | \$ / |
| Alimony | \$ N/A | \$ / | \$ / | \$ / |

CH:10 SUPPORT

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

| | | | | |
|--|---------|---------|---------|---------|
| Retirement (such as social security, pensions, annuities, insurance) | \$ | \$ | \$ | \$ |
| Disability (such as social security, insurance payments) | \$ | \$ | \$ | \$ |
| Unemployment payments | \$ | \$ | \$ | \$ |
| Public-assistance (such as welfare) | \$ | \$ | \$ | \$ |
| Other (specify): | \$ | \$ | \$ | \$ |
| Total monthly income: | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 0.00 |

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

| Employer | Address | Dates of employment | Gross monthly pay |
|----------|---------|---------------------|-------------------|
| | | | \$ |
| | | | \$ |
| | | | \$ |

4. How much cash do you and your spouse have? \$ _____

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

| Financial institution | Type of account | Amount you have | Amount your spouse has |
|-----------------------|-----------------|-----------------|------------------------|
| | | \$ | \$ |
| | | \$ | \$ |
| | | \$ | \$ |

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts.

household furnishings.

| Assets owned by you or your spouse | |
|------------------------------------|-------------------|
| Home (Value) | \$ UNKNOWN |
| Other real estate (Value) | \$ NONE |
| Motor vehicle #1 (Value) | \$ UNKNOWN |
| Make and year: | 2012 NISSAN VERSA |
| Model: | |
| Registration #: | |
| Motor vehicle #2 (Value) | \$ |
| Make and year: | |
| Model: | |
| Registration #: | |
| Other assets (Value) | \$ |
| Other assets (Value) | \$ |

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

| Person owing you or your spouse money | Amount owed to you | Amount owed to your spouse |
|---------------------------------------|--------------------|----------------------------|
| / | \$ / | \$ / |
| / | \$ / | \$ / |
| / | \$ / | \$ / |

7. State the persons who rely on you or your spouse for support.

| Name (or, if under 18, initials only) | Relationship | Age |
|---------------------------------------|--------------|-----|
| / | / | / |
| / | / | / |
| / | / | / |

AO 239 (Rev. 01/15) Application to Proceed in District Court Without Prepaying Fees or Costs (Long Form)

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

See Attached

| | You | Your spouse |
|--|-----|-------------|
| Rent or home-mortgage payment (including lot rented for mobile home) | | |
| Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No | \$ | \$ |
| Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Utilities (electricity, heating fuel, water, sewer, and telephone) | \$ | \$ |
| Home maintenance (repairs and upkeep) | \$ | \$ |
| Food | \$ | \$ |
| Clothing | \$ | \$ |
| Laundry and dry-cleaning | \$ | \$ |
| Medical and dental expenses | \$ | \$ |
| Transportation (not including motor vehicle payments) | \$ | \$ |
| Recreation, entertainment, newspapers, magazines, etc. | \$ | \$ |
| Insurance (not deducted from wages or included in mortgage payments) | | |
| Homeowner's or renter's: | \$ | \$ |
| Life: | \$ | \$ |
| Health: | \$ | \$ |
| Motor vehicle: | \$ | \$ |
| Other: | \$ | \$ |
| Taxes (not deducted from wages or included in mortgage payments) (specify): | \$ | \$ |
| Installment payments | | |
| Motor vehicle: | \$ | \$ |
| Credit card (name): | \$ | \$ |
| Department store (name): | \$ | \$ |

| | | |
|-------------------------|---------|---------|
| statement) | | |
| Other (specify): | \$ / | \$ / |
| Total monthly expenses: | \$ 0.00 | \$ 0.00 |

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?
☐ Yes ☒ No If yes, describe on an attached sheet.
10. Have you spent — or will you be spending — any money for expenses or attorney fees in conjunction with this lawsuit? ☐ Yes ☒ No
If yes, how much? \$ _____
11. Provide any other information that will help explain why you cannot pay the costs of these proceedings.
/
12. Identify the city and state of your legal residence.

Your daytime phone number:

603-569-2429

Your age: 83

Your years of schooling:

3 years college

5620

SOCIAL SECURITY \$1,624.00

| | | |
|-------|--------------------------------|-------------|
| 1. | AARP-United Health Insurance | 174.50 |
| 2. | Liberty Mutual House Insurance | 127.46 |
| 3. | Prescripttion Drugs | 32.60 |
| 4. | Metrocast | 184.11 |
| 5. | Fuel (heating) | 350.00 |
| 6. | Electric (Town) | 50.00 |
| 7. | Food | 300.00 |
| 8. | Gas for Car | 100.00 |
| 9. | Clothing | 50.00 |
| 10. | Allstate (car) | 103.14 |
| TOTAL | | \$1, 471.81 |

Social Security \$1,624.00



Cardinal & Glidden Co., Inc.
P.O. Box 625
Farmington, NH 03835

(603) 755-3562
Fax (603) 755-3530
info@cardinalglidden.com

Chris Glidden
Owner

A
Family
owned and
operated
company for
over 50
years!

STEPHANE AMATUCCI

DATE 3/25/2021

ACCT. # 884960001

PAYMT. RECEIVED \$231.64

IMPORTANT

**BUDGET
PLANS**

This is a memo
invoice. Please
continue your
regular
payments

**PREPAY
ACCOUNTS**

This
receipt/invoice
is for your
records only

**C.O.D. &
BILLABLE**

Discounts are
included in the
ticket pricing

☐ NOT FULL

PLEASE PAY THIS AMOUNT ▲ ▲
- THIS IS YOUR ONLY INVOICE -
PLEASE REMIT YOUR PAYMENT
UPON RECEIPT OF THIS DELIVERY

OFFICE OF THE TAX COLLECTOR
TOWN HALL BUILDING 84 SOUTH MAIN STREET
PO BOX 629
WOLFEBORO, NH 03894-0629

Office Hours: Monday-Friday 8am-4pm Telephone: (603) 569-3902
E-mail - taxcollector@wolfeboroh.us

February 19, 2021

AMATUCCI, JOSEPHINE

PO BOX 272

WOLFEBORO FALLS NH 03896-0272

NOTICE OF TAX ARREARAGE

2020 TAX RECORDS INDICATE THE FOLLOWING TAX ACCOUNT IS UNPAID

PROPERTY TAX ACCOUNT # 10-3996.701

PROPERTY ID# 151--21

350 GOV WENTWORTH HWY

AMOUNT DUE: \$ 1108.00

Interest 8% per annum as of due dates 07/10/20 and 1/13/21

The tax amount due together with interest must be paid in full and received by the tax office no later than March 15, 2021 to prevent additional costs associated with notice of impending tax lien.

Amounts do not include up-to-date interest and or cost computation. Please contact the tax office at (603) 569-3902 prior to making payment.



Brenda L. LaPointe, Certified Tax Collector

REAL ESTATE TAX BILL
 84 SOUTH VAN STREET
 PO BOX 629
 WOLFEBORO NH 03894-0629
 603-569-3902

Property Location

TAX YEAR
 ACCOUNT NO
 1ST INSTALLMENT \$
 2ND INSTALLMENT \$
 TOTAL PAYMENTS \$
 AMOUNT DUE \$
 BY

2021 TAX BILL FOR 2021 TAX YEAR



AMATUCCI JOSEPHINE
 PO BOX 272
 WOLFEBORO FALLS NH 03898-0272

Town of Wolfboro
 P O Box 629
 Wolfboro NH 03894-0629

PLEASE DETACH AND RETURN ABOVE SECTION WITH YOUR PAYMENT (MAKE CHECK PAYABLE TO THE TOWN OF WOLFBORO)

REAL ESTATE TAX BILL
 84 SOUTH VAN STREET PO BOX 629
 WOLFEBORO NH 03894-0629

OFFICE HOURS
 MONDAY - FRIDAY 8:00AM - 4:00PM
 TELEPHONE 603, 569-3902
 1000 1000 1000 1000 1000

PROPERTY OWNER(S)

BILL DATE

TAX YEAR

ACCOUNT NUMBER

TAX MAP LOT NUMBER

PROPERTY LOCATION

MAILING ADDRESS

| | TAX RATES | TOTAL VALUATION | AMOUNT | ASSESSMENT INFORMATION | TAX INFORMATION |
|------------|-----------|-----------------|------------|------------------------|-----------------|
| MUNICIPAL | 1.12 | \$1,100,000 | \$1,232.00 | RESIDENTIAL | \$1,232.00 |
| 30-00-0000 | 1.12 | \$1,100,000 | \$1,232.00 | INDUSTRIAL | \$1,232.00 |
| 30-00-0000 | 1.12 | \$1,100,000 | \$1,232.00 | COMMERCIAL | \$1,232.00 |
| COUNTY | 1.12 | \$1,100,000 | \$1,232.00 | EXEMPTIONS | \$1,232.00 |
| TOTAL | 1.12 | \$1,100,000 | \$1,232.00 | TOTAL TAX | \$1,232.00 |

AMOUNT DUE BY JULY 01, 2021

\$731.00

IF YOU HAVE A DELINQUENT TAX BILL, INTEREST RATE ONE PERCENT PER ANNUUM WILL BE CHARGED
 FROM THE DATE OF DELINQUENCY TO THE DATE OF PAYMENT. A FURTHER 10% PENALTY WILL BE CHARGED
 FROM THE DATE OF DELINQUENCY TO THE DATE OF PAYMENT.

Please return this portion with your payment and make checks payable to

5611 AV 0.398 E0238X 10256 07137571278 S2 P7999964 0001:0001



JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Town of Wolfeboro
P.O. Box 777
Wolfeboro, NH 03894-0777

| MUNICIPAL ELECTRIC DEPARTMENT SOUTH MAIN STREET PO BOX 777 WOLFEBORO, NH 03894-0777 59-8150 59-8183 | | | | ACCT NO. | 09-0449.002 | PROPERTY OWNER | JOSEPHINE AMATUCCI | | |
|--|----------|------------------|-----------|--------------|-----------------|------------------|-----------------------|----------------|--|
| | | | | NEXT READ | 02/22/21 | SERVICE LOCATION | 350 GOV WENTWORTH HWY | | |
| | | | | BILLING DATE | 01/28/21 | RATE | DOMESTIC ALL YR DA | | |
| METER NUMBER(S) | DATE | PREVIOUS READING | READ CODE | DATE | PRESENT READING | READ CODE | MULTI | TOTAL KWH USED | |
| 83264815 | 12/21/20 | 62685 | AMR | 01/25/21 | 65427 | AMR | 1 | 2742 | |

| | |
|---------------------------------|-------------|
| PREVIOUS BALANCE | \$17,543.61 |
| PAYMENTS AS OF 1/28/21 | \$50.00 CR |
| BALANCE FORWARD | \$17,493.61 |
| CUSTOMER CHARGE | \$5.55 |
| DISTRIBUTION 2742 KWH @ .035200 | \$96.52 |
| GENERATION 2742 KWH @ .102400 | \$280.78 |
| | ===== |
| TOTAL AMOUNT DUE | \$17,876.46 |

KWH USAGE COMPARISON

| | | | | |
|--------|----|------------------|-------------|-------------------|
| ENT | IN | 35 DAYS YOU USED | 2742 KWH OR | 78.34 KWH PER DAY |
| MONTH | IN | 0 DAYS YOU USED | 0 KWH OR | 0.00 KWH PER DAY |
| OUS YR | IN | 35 DAYS YOU USED | 2664 KWH OR | 76.11 KWH PER DAY |

THIS IS A REMINDER THAT YOUR ACCOUNT IS PAST DUE! *

TOTAL ELECTRIC CHARGES DUE BY

02/24/21

\$17,876.46

| | | |
|---|--------------------------------------|----------|
| All Other Peril Deductible | 500 | |
| Wind and Hail Deductible | 1,000 | |
| Other Structures | 13,973 | Included |
| Loss Settlement | Full Repair Cost | |
| Additional Living Expense/Fair Rental Value | 1,000 | \$5.00 |
| Inspection Fee | | \$26.00 |
| Premises Liability | 100,000 | \$70.00 |
| Medical Payments | 500 Per person 25,000 Per occurrence | Included |
| Mold and Remediation - Liability | 50,000 | Included |
| Property Manager Premises Liability Extension | | Included |
| Vandalism or Malicious Mischief | | \$140.00 |
| Deductible | 500 | |
| Fire Department Service Charge | 500 | Included |
| | Premium | \$825.00 |

IMPORTANT NOTICE

This is an insurance quote only, and is not a binder or confirmation of coverage. This quote is subject to change based on final underwriting review. Coverage will not begin until after you have provided your agent with all required documentation and you have been notified that the insurance company has accepted your application.

Thank you for this opportunity to provide an insurance quote for your consideration. If you have any questions about the premium, coverages or payment options, please give us a call.

Dwelling Basic Quote

American Modern Property and Casualty Insurance Company
 Policy Period: 04/05/2022 - 04/05/2023 Policy Term: Annual
 Date of Quote: 04/05/2022 Policy Type: Dwelling Basic
 Submission Number: 001-475-88-65

**POLICY INFORMATION****Client Information**

Primary Named Insured:
 JOSEPHINE AMATUCCO
 PO BOX 272
 WOLFEBORO FALLS NH 03896-0272

Applicant's Primary Phone: (603) 569-2429
Social Security Number:
Marital Status:
Date of Birth: 09/27/1938
Gender:

Has the applicant moved in the last 60 days? No

Previous Address:

Agency Information

Contracted Agency: VANTAGE SELECT AGENCY INC -
 #302619

Your Agent: JON OLIVER CLARK- #002647
Your Agent Address:
 35 CENTER ST STE 9
 WOLFEBORO NH 03896

Contracted Agency Address:
 POST OFFICE BOX 3323
 CINCINNATI OH 45201

Your Agent Phone Number: (603) 569-0110

Contracted Agency Phone Number: (800) 543-2644

POLICY PREMIUM SUMMARY

| | |
|-----------------|----------|
| Total Premium: | \$825.00 |
| Taxes and Fees: | \$0.00 |
| Total Cost: | \$825.00 |

Policy Discounts

Claims Free Discount
 Auto Home Discount

Dwelling Discounts

Dwelling #1: 350B GOVERNOR WENTWORTH HWY. WOLFEBORO NH 03894-4635
 Deadlocks, Smoke Alarm and Fire Extinguisher

DWELLING INFORMATION

Dwelling #1: 350B GOVERNOR WENTWORTH HWY. WOLFEBORO NH 03894-4635

Dwelling Details

Occupancy: Rental
Residence Type: Family Residence

Territory:

1

Protection Class Code:

4

Year Built:
 1960

Construction Type:
 Frame

Year Roof Replaced:
 2010

COVERAGE INFORMATION

MasterCard (xxxx6076)

Policy Number

102687692

Named Insured

Josephine Amatucci

Amount

\$132.00

Date

5/10/22

Receipt Number

1010605418

OK

Print

PAYMENT RECEIPT

Allstate Insurance Company
Northbrook, Illinois

Agent Name : JON CLARK
Agent Number : 0C2647
Agent Address : 35 CENTER STREET.
WOLFEBORO, NH 03896
Business Phone : 1 (603) 569-0110

Receipt No. : 01645

Payment Date : 05 / 10 / 2022

Payment Time : 11 : 55 : 07

Amount Received : \$142.08 CR CRD

Total Received : \$142.08

The above amounts were applied to the following policy(ies)

| Policy/App Number | Eff. Date | Policy Type | Line | Amount Applied |
|--------------------------|------------------|--------------------|-------------|-----------------------|
| 000000984309966 | 05/12 | AUTO-AFCIC | 010 | \$142.08 |

Customer Name / Address

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS, NH 03896

Want more payment options? Visit my agency website or www.allstate.com to find out how you can manage your account 24/7.

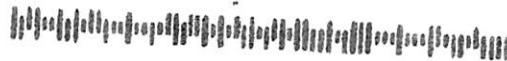
We Appreciate Your Business.

Thank you for being our customer. I hope you'll remain in Good Hands[®] with Allstate for many years to come.


Agent Signature

MetroCast

METROCAST CABLEVISION
9 APPLE RD BELMONT NH 03220-0251
8282 1600 WM RP 05 11078317 NARRIVNN 01 008178 0328
JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03886-0272



Statement of Service

Page 1 of 3
Billing Date: November 6, 2017
Account Number: 8282 16 019 0038330

How to reach us
Office hrs M-F 8:00am-5:00pm
Sat 8am-4:30pm www.MetroCast.com
Phone hrs 24/7 1-800-852-1001

For Service At...
380 GOVERNOR WENTWORTH HWY
WOLFEBORO NH 03884-4625

Account Summary

Your account is past due. Please remit the total balance due immediately to avoid a \$25.00 collection agent charge or disconnection of service. If payment was made after the remittance date, please disregard this message. Thank you.

Please see reverse side for account details.

| | |
|-------------------|--------------|
| Previous Balance | \$ 384.79 |
| Payment(s) | -188.83 |
| Monthly Charge(s) | 167.61 |
| Other Charge(s) | 6.00 |
| Taxes & Fee(s) | 2.85 |
| Balance Due | \$ 982.33 |
| Payment Due Date | Upon Receipt |

RX

014AD68LPC018001-00000-00

November 08, 2017

Member ID: 017954256-1

**You have a past due amount.
Please pay so you don't lose
your plan.**

Dear JOSEPHINE S AMATUCCI,

We want to let you know that you have a past due amount on your AARP MedicareRx Saver Plus (PDP) account. As of November 08, 2017, you owe \$65.20. Please pay this amount upon receipt so that you won't be disenrolled.

What happens if I don't pay?

If we don't receive payment for the past due amount and each month's premium (monthly charge) by December 31, 2017, we will have to disenroll you from AARP MedicareRx Saver Plus (PDP) effective December 31, 2017. After December 31, 2017, you will no longer be covered by AARP MedicareRx Saver Plus (PDP). However, your other Medicare benefits will not be affected if you are disenrolled from AARP MedicareRx Saver Plus (PDP).

Premium payments

Your premium is due on the first of each month. If we don't receive your payment by the first of each month, it will be added to your past due amount.

If you wish to pay your next month's premium today with the past due amount, handle the total.

Past due amount

\$65.20

Premium (monthly charge)

\$22.00

Upon receipt

December 01, 2017

006262

LIBERTY MUTUAL INSURANCE
PO BOX 6825
SCRANTON, PA 18505



PLEASE READ: Payments or documents sent to the address above will not be processed

Your Bill is Past Due.

We have not received your payment as of 04/06/2020. Please pay total amount due to avoid possible interruption to your coverage

JOSEPHINE AMATUCCI
PO BOX 272
WOLFEBORO FALLS NH 03896-0272

Josephine, thank you for being our valued customer since 2017!

THIS IS YOUR HOME INSURANCE BILL AS OF APRIL 06, 2020

INSURANCE INFORMATION

| | |
|------------------|--|
| Policy Number. | H37 218 117400 70 |
| Policy Period | May 07, 2019 - May 07, 2020 |
| Bill Frequency. | Monthly |
| Property Insured | 350 GOVERNOR WENTWORTH HWY WOLFEBORO, NH 03894-4635 |

BILLING DETAILS

| | |
|-------------------------|----------|
| Previous Policy Balance | \$123.27 |
| Payment Activity | |
| Payments Received | \$0.00 |
| Instalment Charge | \$5.00 |
| Policy Balance | \$128.27 |
| Past Due Amount | \$123.27 |
| Instalment Charge | \$5.00 |

Please Pay Total Amount Due by April 26, 2020 **\$128.27**

QUESTIONS

Questions Regarding Your Policy or Bill?

* 800-225-6285

Want to Pay Online?

LibertyMutual.com/service

Need to Report a Claim?

* 800-2CLAIMS (1-800-225-2467)

Mail Check to:

Liberty Mutual Group
PO BOX 1452
New York, NY 10116-1452

Save Time & Money

Eliminate instalment charges by paying your balance in full



PAYMENT COUPON

Please send all payments in the envelope provided.
Please make check payable to: Liberty Mutual Group



Save time and money by signing up for automatic payments via

JOSEPHINE AMATUCCI

Due Date: April 26, 2020

Policy Number: H37-218-117400 70

Invoice Number: 00000285724331



Medicare Supplement Plans
 UnitedHealthcare
 Insurance Company

Page 1 of 1

UnitedHealthcare Insurance Company
 10000 UnitedHealthcare Drive
 Atlanta, GA 30328-1000

Please contact UnitedHealthcare if you have questions:



UnitedHealthcare

PO Box 740819

Atlanta, GA 30374-0819 TTY: 800-771-7111



Toll free: 1.800.525.5880

Espanol: 1.800.522.0216



www.AARP Medicare.com

This is not a bill.

This is an Explanation of Benefits (EOB) for your:

- AARP Medicare Supplement Plan N
 (also known as Plan F) (06/01/2018)

Statement Date: 06/06/2018

Membership Number: 81780564636-11

KISLOR HILL S AMATEUR

PO BOX 272

ROSELAND, ALA 35468-0272

Your Plan Description(s)

Your AARP Medicare Supplement Plan is designed to help cover Medicare approved expenses that Medicare did not pay in full.



Medicare Part B Services: Claim details

Claim 81780-564636-1

Claim Processed

06/28/18

ROSELAND HOSP

PO BOX 912

ROSELAND, ALA 35468-0912

| Service | Amount | Medicare Allowable | Medicare Payment | Medicare Deductible | Medicare Co-insurance | Medicare Out-of-Pocket | Medicare Out-of-Pocket Limit |
|---------------|--------------------|--------------------|--------------------|---------------------|-----------------------|------------------------|------------------------------|
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Room & Board | \$1,200.00 | \$1,200.00 | \$1,200.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| Totals | \$12,000.00 | \$12,000.00 | \$12,000.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |

\$1,200.00 Medicare paid to you.

\$98,800.00 Your plan paid to Medicare.

Notes

- Your provider amount of Medicare assignment and deductibles charge you more than the Medicare Approved Amount.

Comments about your claim

The Medicare Paid Amount may be different than the Medicare Paid Amount shown on your Medicare Statement. This was done solely to process your claim.